IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Mary Elizabeth Nichols DATE March 30, '78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N to Harmony T.L. on 901 T.L. on SR. 1846 T.L. on SR. 1844 1st mobile home on Rt. S. R. No. _____

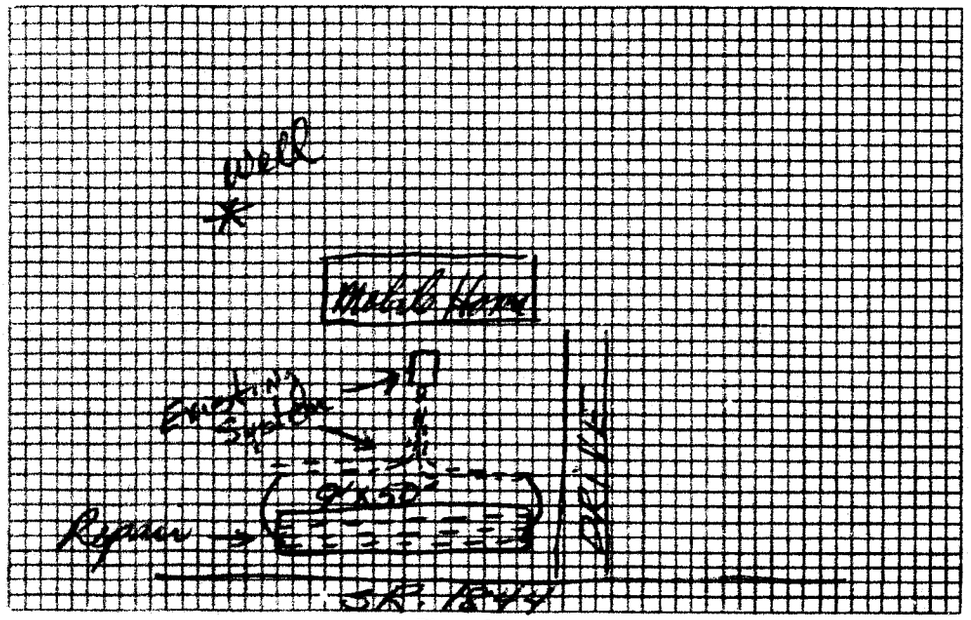
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes ( ) No ( )
Lot Area ~1/2 Ac.

Character & Porosity of Soil Cecil clay loam
Percolation Rate _____
Topography 2-4%
Depth to Water Table -----
Rock or other impervious formations none obs.



Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 16" +
Water Supply: Individual (✓)
Public ( )

Installed by Sammy Reaves

IMPROVEMENTS PERMIT BY D. R. Hinson

COMMENTS: Repair

CERTIFICATE OF COMPLETION BY David R. Hinson DATE March 30, '78

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold